

Camp Florida Resort/POA Name Badge Request Form

(Turn in your Completed Form and \$10.00 to the POA Office)

(Please Print)

Date: _____

Name: _____

Would you like your State to be listed on your Badge? _____ Yes _____ No

State name if yes: _____

Cost: \$10.00 (payable in advance)

Telephone Number: _____

Camp Florida POA Address: _____

POC: Peg Vedder